

**Request for Review of Transition Assessment
To be Used as an Alternate to ACT WorkKeys®**

District: _____

Name and Title of Person Making Request _____

Note: All requests must come from a DTC-Alt or the Special Education Director.

E-Mail Address: _____

Phone Number: _____ FAX: _____

Title of Assessment for Review: _____

Test Publisher/Company: _____

Phone Number: _____ Web Address: _____

Using the attached guidance, describe the skill(s) that the assessment addresses in each area below. Indicate section of the test and page numbers. Attach assessment, test administration manual, and any technical documentation to this request or provide web link to documents.

Areas to be Assessed	Related Skill(s) in the Assessment
Applied Mathematics	
Locating Information	
Reading for Information	
Communication	

Note: The assessment must consist of at least one related skill in each of the four identified areas. Interest Inventories may not be used for an alternate to ACT WorkKeys.

Signature: _____

Date: _____

Submit to

Jill Christmus

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Mailing Address

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